

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		10/20/98
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	DS	65083	10-4-98

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	4/1/02	11/1/02	7/1/03	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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